MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

097719242

FILING DATE

APPLICANT(S)

CLAIMS

		AS F	ILED		AFTER AFTER			CL
	IND.			1st A	1st AMENDMENT		2nd AMENDMENT	
		T	DEP.	IND.	DEP	IND	DEP.	
- <u>-</u>	+	<u>'</u>	1		 -]
3		\neg	1	+	╌┼╌	┵		_
- :	_			+				4
;			3	┪				4
- <u>;</u> - <u>;</u> -			3	+	+÷	─┼		4
			3	+	++			┨
_ 1			0		+			-
)			(D)			-		┨
3 3 4	 		\bigcirc		1			┨
1_		_	(D)		1.			1
. 2		4	1			1	 	┨
2 3 4 5 6	-	_	<u> </u>		\prod			1
. 4		4	<u>(I)</u>					1
5 6	+	-		<u> </u>				1
7				 				1
· <u>/</u>	+	-		┼				1
8 9 0 1 2 3 4	 	\dashv		┼]
5	1	+		 -	┪——	+		1
1	\vdash	_		 	+			1
2		_		┼──	 	+		1
3		T		┼	 	┼		-
4		\Box			 	 	 	ł
5						+		l
3						 	+	
5 3 7 3 9							 	1
3	ļ	4				1		
3		_					 	
<u>; </u>	<u> </u>	4				7		
1	├	-4-					1	
2	 						 	
3	├	+						
-	├	+			<u> </u>			
-	├	+		<u> </u>	<u> </u>			
5 3 7 3	 	+		ļ	 			
3		+-		 	 	 		
3	 	+-			├	 	-	
5	_	+			 			
1		+			 	┼		
2		+			 	+		
3		+			 	 	┼	
4		+			 	+	┼	
5		7			 	 	 	
3					 	 	 -	
7		Γ				 	┼┤	
3111		\perp				1	 	
<u>)'</u>		1				1	 	
<u>}</u>		\perp]					
O.			1	,	1			
AL P	21	- 1	-	13	—		┙ ▃▘ ▐	
2 3 4 5 3 7 31 0. AL 0. AL R. AL	21			14		 		

		*		*		*	
1		IND.	DEP.	IND.	DED	 	
1	51	-		Heb.	DEP.	IND.	DEP.
- 1	52						-
1	53			+	 	+	
Ì	54	+	+		 	 	<u> </u>
ł	55					 	
ł	56			┥	 	<u> </u>	
ŀ	57		┪		ļ		
ŀ	58	 					
ŀ	59	+					
ŀ	60	+					
ŀ	61		-				
-	62						
	63	╁					
ŀ	64						
ŀ	65		_				
ŀ	66	┽	_				
ŀ	67	┼					
ŀ	68						
Ļ	69						
┢	70						
F	71	┼				1	
-	72						
┝	73		 _				
-	74	 					
ŀ	75	 					
F	76	 					
L	77						
L	78	↓					
L	79						
L	80						
L	81						
L	82						
L	83			1			
	84			1			
	85			1			
Г	86	T	 	1			
	87	T	 	╁┈╾┥			
Г	88		 				
Γ	89		 	 			
Г	90		 	├			
Г	91		 	 			
Γ	92	 	 	├──┤			
Г	93	t	 	├			
\vdash	94	 	 	 			
H	95	 	 -	 			
H	96]
H	97]
\vdash	98]
 -	99		 	 -			
<u> </u> -	100		 	 	i		
-	OTAL						
L.	IND.						1
Ľ	OTAL DEP.		-		← `		+ *
c	OTAL LAIMS				N. 373	15	regaring of

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3631